



Parking/Transportation Account

Enrollment/Change Form

Employer Name:			
Last Name		First Name:	
		M.I.	
Street Address		City	State Zip Code
Home Phone Number ()	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No. (Must be provided)
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Date of first payroll withhold; Month _____ Day _____ Year _____			

The Parking Expense Reimbursement account offers you the advantage of making your work-related parking payments on a pre-tax basis. Deducting this unreimbursed expense from your salary on a pre-tax basis generates more spendable income.

- I elect** to participate in my Employer's Parking/Transportation Expense Reimbursement Plan and have my work-site parking/transportation expenses withdrawn from my paycheck on a pre-tax basis. I have entered my monthly election amount in the box provided below. I understand that noted election will continue to apply for the duration of the current plan year unless I experience a certain change in status.

- I decline** to participate in the Parking Expense Reimbursement account. I will continue to pay for parking on an after-tax basis.

Account Type <small>(Note: Not all accounts may apply to your company)</small>	Election Amount	New or Change? <small>(Changes must accompany change report from employer)</small>
Parking (Maximum \$280 Monthly)	_____ Monthly	<input type="radio"/> New <input type="radio"/> Change
Transportation (Maximum \$280 Monthly)	_____ Monthly	<input type="radio"/> New <input type="radio"/> Change

**** Minimum reimbursement amount for manual check and direct deposit is \$25**

Please note: For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date.

AUTHORIZATION

I hereby elect the benefits indicated above. I have read and understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form and claim form) and I authorize my employer to adjust my pay as required by my election I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

SIGNATURE OF PARTICIPANT _____ **DATE** _____